

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/801988 - Conf.# 2507
	Filing Date	March 15, 2004
	First Named Inventor	Elias GEORGES
	Art Unit	1643
	Examiner Name	Canella, K. A.
	Attorney Docket Number	0112418.00151US2

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☒ the practitioners of record associated with Customer Number: 23483

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|-----------------------------------------|-----------------------------------------------------|------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS			
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.			
Change the correspondence address and direct all future correspondence to:			
A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____			
OR			
B. <input checked="" type="checkbox"/> Marco Lestage, MBA, Adm.A.			
Address 2, complexe Desjardins, Suite 1717, P.O. Box 760, Desjardins Postal Station			
City	Montrea	State	QC
Zip	H5B 1B8		
Country	CA		
Telephone	Email		
I am authorized to sign on behalf of myself and all withdrawing practitioners.			
Signature	/David A. Chavous/		
Name	David A. Chavous	Registration No.	66,047
Address Wilmer Cutler Pickering Hale and Dorr LLP 60 State Street			
City	Boston	State	MA
Zip	02109		
Country	US		
Date	December 13, 2010		Telephone No. (617) 526-6000
NOTE: Withdrawal is effective when approved rather than when received.			